

DEPARTMENT OF JUSTICE NOTIFICATION — LICENSING**Reference Section**

Facility Type : _____

Facility Name : _____

Facility Address : _____

Facility Number : _____

Other Facility Nos.: _____

Licensing Office: _____

Address : _____

Contact Person : _____

Telephone No. : _____

Individual's relationship to facility (check one):

Licensee/Applicant ☐ Employee ☐ Resident (Non-Client) ☐ Relative ☐ Other ☐ _____**Data Summary Section**

Individual's Name: _____

AKA: _____

Date of Birth: _____

CII No.: _____

SS No.: _____

DL No.: _____

Height: _____ Color of Eyes: _____

Place of Birth: _____

DSS LEGAL DIVISION USE ONLY

Legal Case No.: _____

Attorney: _____

License to operate a facility was revoked:

No ☐ Yes ☐ Effective Date: _____

Application to operate a facility was denied:

No ☐ Yes ☐ Effective Date: _____

Client contact, presence and/or employment in a facility was denied:

No ☐ Yes ☐ Effective Date: _____

Employee Address: _____

Probation: _____

Term: _____

Beginning Date: _____

Ending Date: _____

Comments: _____

Closure Codes: _____

Closure Date: _____

INSTRUCTIONS FOR COMPLETION:**Licensing Office:** Complete only the Reference and Data summary sections. Submit this form as part of the Statement of Facts package to the Department of Social Services, Legal Division.**Department of Justice:** Make the appropriate entry and notify the Department of Social Services, Legal Division, MS 4-161, of any criminal record request for any fingerprint clearance regarding a facility licensed or to be licensed by the Department of Social Services from the State office or county component or a request for an adoption.